

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC ☐ CLEC ☐ ILEC ☐ Wireless

CERTIFICATED COMPANY INFORMATION

Company Name	FEIN/SSN
Dbafka	Telephone #
Mailing Address	
City, State, Zip Code	
Business Location	
City, State, Zip Code	County

REGISTERED AGENT INFORMATION

Registered Agent: _____
Mailing Address: _____
City, State, Zip Code: _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A.	_____
	General Manager (Include address if different than above.)
	_____/_____/_____
	Telephone Number Facsimile Number E-mail Address
B.	_____
	Customer Relations /Complaints Representative (Include address if different than above.)
	_____/_____/_____
	Telephone Number Facsimile Number E-mail Address
C1.	_____
	Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)
	_____/_____/_____
	Telephone Number Facsimile Number E-mail Address
C2.	_____
	Customer Contact (Toll Free Number)
D.	_____
	Engineering Operations (Include address if different than above.)
	_____/_____/_____
	Telephone Number Facsimile Number E-mail Address
E.	_____
	Test and Repair (Include address if different than above.)
	_____/_____/_____
	Telephone Number Facsimile Number E-mail Address

F.

Emergencies (During non-office hours)

Telephone Number Facsimile Number E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G.

Regulatory Officer (Include address if different than above.)

Telephone Number Facsimile Number E-mail Address

H.

Dual Party Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

I.

Interim LEC Fund Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

J.

Universal Service Fund Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

K.

Gross Receipts Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

L.

Lifeline Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

This form was completed by (print name)

Signature

Title

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Clerk's Office
Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

(Rev. PSC 11/2010)